

# PAPERWORK REDUCTION ACT CHANGE WORKSHEET

<b>Agency/Subagency</b>  Department of Education, Office of Special Education and Rehabilitative Services		<b>OMB Control Number</b>  1820 -0659	
<b>Enter only items that change</b> <div style="display: flex; justify-content: space-between;"> <span><b>Current Record</b></span> <span><b>New Record</b></span> </div>			
<b>Agency form number(s)</b>			
<b>Annual reporting and record keeping hour burden</b>			
Number of respondents			
Total annual responses			
Percent of these responses collected electronically			
Total annual hours			
Difference			
Explanation of difference			
Program Change			
Adjustment			
<b>Annual reporting and record keeping cost burden (in thousands of dollars)</b>			
Total annualized capital/startup costs			
Total annual costs (O&M)			
Total annualized cost requested			
Difference			
Explanation of difference			
Program Change			
Adjustment			
<b>Other change**</b>  Clarification of instructions for completing the data collection table and breakout report of exemptions from participation due to medical emergencies.			
<b>Signature of Senior Officer or designee:</b>	<b>Date:</b>	<b>For OIRA Use</b>  <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

**\*\*This form cannot be used to extend an expiration date  
OMB 83-C**